

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Ph</i>	<i>67864</i>	<i>1/12/00</i>
O.I.P.E. CLASSIFIER		<i>1E</i>	<i>2.1.00</i>
FORMALITY REVIEW	<i>M.M.</i>	<i>71.24</i>	<i>2.5.00</i>
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	5	12/28
2	✓	17	01
3	✓	3	11
4	✓	12	01
5	✓	17	01
6	✓	3	11
7	✓	12	01
8	✓	17	01
9	✓	3	11
10	✓	12	01
11	✓	17	01
12	✓	3	11
13	✓	12	01
14	✓	17	01
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18	✓	3	11
19	✓	12	01
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42	✓	3	11
43	✓	12	01
44	✓	17	01
45	✓	3	11
46	✓	12	01
47	✓	17	01
48	✓	3	11
49	✓	12	01
50	✓	17	01

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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